



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**REQUEST FOR AND ACKNOWLEDGEMENT OF
RECEIPT OF KEG IDENTIFICATION TAGS**



**STATE OF SOUTH CAROLINA
South Carolina Department of Revenue
Alcohol Beverage Licensing**

License Holder's Name: _____

License Holder's Address: _____

License Holder's License or Permit Number: _____

Number of Keg ID Tags Requested: _____

Keg Identification Tag Numbers Furnished to License Holder:

From: _____ To: _____

By the signature attested to herein below, the undersigned does hereby attest that they are acting on behalf of the above-referenced License Holder; and does hereby request and does hereby acknowledge receipt of the Keg Identification Tags listed above.

Signature on Behalf of Licensee

Print Name of Person Signing

Signature of DOR Employee